IPDR6702				NORTH CAROLINA		D3	GE: 1	
	06/14/2004		IPF	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		FA	GE: I	
				HECKWRITE DATE: 06/15/2004				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	400	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	-	143	203	CLIENT ID NUMBER NOT ON STATE	20	700	5110	
	-			ELIGIBILITY FILE	30	708	5119	4411
		8526	46	CLAIM DENIED, UNITS BILLED MUS				
				T BE GREATER THAN ZERO				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		0	0	0	0
3404904	WEGGERN HYGONAN	143	1	CLIENT ID NUMBER NOT ON STATE				1
	WESTERN HIGHLAN DS LME		1	ELIGIBILITY FILE				
	†							
	<u> </u>	0	0		0	1	1	. 0
2404								
3404905	TREND COMM MENT	0	U	*** NO DATA TO REPORT ***				1
	AL HLTH CTR							
	+							
	+	0	0		0	0	0	n
	1						Ü	T Š
	<u> </u>	1	<u> </u>					
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0					
			0		0	0	0	0
3404910	PATHWAYS	8599	496	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	330	CLAIM DENIED DUE TO INSUFFICIE	188	1791	6901	5110
				NT BUDGET				
		27	217	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
3404912								
- 10 1712	CATAWBA COUNTYM	8505	307	CLAIM DENIED DUE TO INSUFFICIE				
	CATAWBA COUNTYM ENTAL HEALT	8505	307	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8505	307					
		8505 8931	307		735	628	6928	6300
- 171712				NT BUDGET	235	628	6928	6300
				NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE	235	628	6928	6300
		8931	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	235	628	6928	6300
				NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT	235	628	6928	6300
		8931	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	235	628	6928	6300
		8931	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT	235	628	6928	6300
3404913	ENTAL HEALT	8931	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	235	628	6928	6300
		8931 8599	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	235	628	6928	6300
	ENTAL HEALT  MECKLENBURG COM	8931 8599	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN 1PRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE	235	628	6928	6300
	ENTAL HEALT  MECKLENBURG COM	8931 8599 8935	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	ENTAL HEALT  MECKLENBURG COM	8931 8599	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN	235	628	6928	
	ENTAL HEALT  MECKLENBURG COM	8931 8599 8935	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				
	ENTAL HEALT  MECKLENBURG COM	8931 8599 8935	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN				
	ENTAL HEALT  MECKLENBURG COM	8931 8599 8935	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				
	ENTAL HEALT  MECKLENBURG COM	8931 8599 8935	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
	ENTAL HEALT  MECKLENBURG COM	8931 8599 8935	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8599 8935 120	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L.				
	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8599 8935	166	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L.  NO RATE AVAILABLE ON FILE TO P				
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8599 8935 120	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L.				
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8599 8935 120	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L.  NO RATE AVAILABLE ON FILE TO P				
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8539 8935 120 23	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	5609	10556	10556	0
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8599 8935 120	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L.  NO RATE AVAILABLE ON FILE TO P				0
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8539 8935 120 23	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLIENT ID NUMBER DOES NOT MATC	5609	10556	10556	0
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8599 8935 120 23	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	5609	10556	10556	0
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8539 8935 120 23	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  AMTNC INELIGIBLE TO RECEIVE SE	5609	10556	10556	0
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8599 8935 120 23	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L.  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	5609	10556	10556	0
3404913	ENTAL HEALT  MECKLENBURG COM ENTAL HEALT	8931 8599 8935 120 23	166 60 4466 2044	NT BUDGET  AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  SERVICE REQUIRES PRIOR APPROVA L  NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL  CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  AMTNC INELIGIBLE TO RECEIVE SE	5609	10556	10556	0

PROVIDER			1		I		TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	27	1537	DIAGNOSIS CODE MISSING OR INVA				
	AN SERVICES			LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
				cotager billorous coss law sos				
		8935	169	ASTNC INELIGIBLE TO RECEIVE SE	295	2178	2178	0
				RVICES IN IPRS.	233	2170	2270	
		11	149	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404918	ROCKINGHAM CO M	8505	491	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	DATE HEALT							
		8599	108	DETAIL NOT COVERED BY COMBINAT	29	783	1324	541
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8502	104	CLAIM DENIED DUE TO INSUFFICIE				
				NT ALLOTMENT				
3404919	GUILFORD CO MEN	8505	2078	CLAIM DENIED DUE TO INSUFFICIE	<del> </del>			
	GUILFORD CO MEN TAL HEALTHC			NT BUDGET				
		1	1		1			
			1		İ			
		8800	408	FURTHER PROCESSING NECESSARY,	104	3003	12173	9170
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	182	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920		101	21	CLIENT ID NUMBER DOES NOT MATC				
3404920	ALAMANCE CASWEL	191	31	H PATIENT NAME				
	L AREA MH D							
		8935	8	ASTNC INELIGIBLE TO RECEIVE SE	9	40	40	0
				RVICES IN IPRS.				-
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404921		0505	1075	CLAIM DENIED DUE TO INSUFFICIE				
3404921	ORANGE PERSON C	8505	1875	NT BUDGET				
	HATHAM AREA			NI BODGEI				
		21	628	DUPLICATE OF CLAIM-SYSTEM	70	3586	7240	3069
					,,,	3300	72.10	3003
		8599	429	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			<u> </u>	
2404								
3404922	THE DURHAM CENT	10	10					
		·		*** NO DATA TO REPORT ***				
	ER			*** NO DATA TO REPORT ***				
				*** NO DATA TO REPORT ***				
		0	0	*** NO DATA TO REPORT ***		^		
		0	0	*** NO DATA TO REPORT ***	0	0	0	0
		0	0	*** NO DATA TO REPORT ***	0	0	0	0
3404923		0	0	DUPLICATE OF CLAIM-SYSTEM	0	0	0	0
3404923	ER	0	0 478		0	0	0	0
3404923	ER  VGFW AREA AUTHO	0	0 478		0	0	0	0
3404923	ER  VGFW AREA AUTHO			DUPLICATE OF CLAIM-SYSTEM	0	0	0	0
3404923	ER  VGFW AREA AUTHO	0 21 8505	0 478	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
3404923	ER  VGFW AREA AUTHO			DUPLICATE OF CLAIM-SYSTEM	0		0	0 4515
3404923	ER  VGFW AREA AUTHO			DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE	0		5473	4515
3404923	ER  VGFW AREA AUTHO	8505	310	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	0		5473	4515
3404923	ER  VGFW AREA AUTHO			DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	0		5473	4515
3404923	ER  VGFW AREA AUTHO	8505	310	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	6		5473	4515
3404923	ER  VGFW AREA AUTHO	8505	310	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	0		5473	4515
3404923	ER  VGFW AREA AUTHO RITY	8505	310	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	6		5473	4515
	ER  VGFW AREA AUTHO RITY  SANDHILLS CENTE	8505 8599	310	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	6		5473	4515
	ER  VGFW AREA AUTHO RITY	8505 8599	310	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE	6		5473	4515
	ER  VGFW AREA AUTHO RITY  SANDHILLS CENTE	8505 8599	310	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE	6		5473	4515
	ER  VGFW AREA AUTHO RITY  SANDHILLS CENTE	8505 8599	310	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	6		5473	
	ER  VGFW AREA AUTHO RITY  SANDHILLS CENTE	8505 8599 8505	310 81 2017	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  SENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	6	958		4515
	ER  VGFW AREA AUTHO RITY  SANDHILLS CENTE	8505 8599 8505	310 81 2017	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	6	958		
	ER  VGFW AREA AUTHO RITY  SANDHILLS CENTE	8505 8599 8505	310 81 2017	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	958		
	ER  VGFW AREA AUTHO RITY  SANDHILLS CENTE	8505 8599 8505	310 81 2017	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	958		
	ER  VGFW AREA AUTHO RITY  SANDHILLS CENTE	8505 8599 8505	310 81 2017	DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	958		

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404926	SOUTHEASTERN RE	8505	17255	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	G MENTAL HL			NI BUDGEI				
		8599	1524	DETAIL NOT COVERED BY COMBINAT	3030	25006	28132	3126
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	1415	AMTNC INELIGIBLE TO RECEIVE SE				
		0331	1415	RVICES IN IPRS.				
3404927	CUMBERLAND CO M	8505	773	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	87	DETAIL NOT COVERED BY COMBINAT				
		0333	07	ION OF RECIPIENT, PROVIDER AND	0	1056	2223	1162
				BENEFIT PACKAGE.				
		8800	79	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404929	van uvanus- ···· '	8505	7274	CLAIM DENIED DUE TO INSUFFICIE	-			
	LEE HARNETT MH/ DD/SAS	3303	12.13	NT BUDGET				
	22/303	+		-	<del> </del>			
		21	70	DUPLICATE OF CLAIM-SYSTEM	8	7478	8600	1122
		8599	64	DETAIL NOT COVERED BY COMBINAT				
		0333	-	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	8505	2148	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		8800	162	FURTHER PROCESSING NECESSARY,		2311	2400	89
		0000	102	PLEASE CHECK FOR CLAIM ON	0	2311	2400	83
				FUTURE RA'S.				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404931	UNIO OO UUU OUO	8505	1535	CLAIM DENIED DUE TO INSUFFICIE				
3101331	WAKE CO HUM SVC BILLING OF	0303	1000	NT BUDGET				
	DIBBING OF							
		8599	352	DETAIL NOT COVERED BY COMBINAT	218	2600	6073	3386
				ION OF RECIPIENT, PROVIDER AND				
		+		BENEFIT PACKAGE.	-			
		11	136	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404932	RANDOLPH/SANDHI	8505	1612	CLAIM DENIED DUE TO INSUFFICIE				
	LLS CO MH C	+		NT BUDGET				
		+	1		+	1		
		8800	478	FURTHER PROCESSING NECESSARY,	25	2486	3281	795
		1		PLEASE CHECK FOR CLAIM ON	23	2100	3201	793
				FUTURE RA'S.				
		8526	225	CLAIM DENIED, UNITS BILLED MUS				
		+		T BE GREATER THAN ZERO	-			
		+			-			
3404933	SOUTHEASTERN CT	8505	3018	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	285	FURTHER PROCESSING NECESSARY,	24	3584	4154	570
		+	1	PLEASE CHECK FOR CLAIM ON	1			
		+		FUTURE RA'S.				
	+	11	103	CLIENT NOT ELIGIBLE ON SERVICE				
					1	1		i .
				DATE				
				DATE				

PROVIDER HIGH DENIAL NUMBER OF TNC NUMBER PROVIDER NAME EOBS DENIALS DESCRIPTION DENIALS  3404934 ONSLOW COUNTY B 11 25 CLIENT NOT ELIGIBLE ON SERVICE EHAVIORAL H DATE  191 5 CLIENT ID NUMBER DOES NOT MATC 1 H PATIENT NAME  537 1 PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
NUMBER PROVIDER NAME EOBS DENIALS DESCRIPTION DENIALS  3404934 ONSLOW COUNTY B 11 25 CLIENT NOT ELIGIBLE ON SERVICE  EHAVIORAL H DATE  191 5 CLIENT ID NUMBER DOES NOT MATC 1  H PATIENT NAME  537 1 PROCEDURE IS NOT COVERED FOR T	DENIALS		
3404934 ONSLOW COUNTY B 11 25 CLIENT NOT ELIGIBLE ON SERVICE ENAVIORAL H DATE  191 5 CLIENT ID NUMBER DOES NOT MATC 1 H PATIENT NAME  537 1 PROCEDURE IS NOT COVERED FOR T		FINABISED	FAID
EHAVIORAL H DATE  191 5 CLIENT ID NUMBER DOES NOT MATC 1 H PATIENT NAME  537 1 PROCEDURE IS NOT COVERED FOR T	222		
EHAVIORAL H DATE  191 5 CLIENT ID NUMBER DOES NOT MATC 1 H PATIENT NAME  537 1 PROCEDURE IS NOT COVERED FOR T	-		1
191 5 CLIENT ID NUMBER DOES NOT MATC 1 H PATIENT NAME  537 1 PROCEDURE IS NOT COVERED FOR T	22		
H PATIENT NAME  537 1 PROCEDURE IS NOT COVERED FOR T	22		1
H PATIENT NAME  537 1 PROCEDURE IS NOT COVERED FOR T	22	1	
537 1 PROCEDURE IS NOT COVERED FOR T		3 33	3 0
HIS DATE OF SERVICE			
3404935 WAYNE CO MENTAL 0 0 *** NO DATA TO REPORT ***			
HEALTH CTR			
	0	0	0
	-		+
3404936 WILSON-GREENE M 8931 36 AMTNC INELIGIBLE TO RECEIVE SE	+	+	-
	+	+	-
ENTAL HEALT RVICES IN IPRS.	+	+	+
	+	+	+
8000 30 NO RATE AVAILABLE ON FILE TO P 46	6 116	5 3113	3 2997
RICE THIS CLAIM DETAIL		3113	2331
	+	+	+
	+	+	
5404 15 SEVERE DUPLICATE: SAME ATTD PR	+	+	
OV/PCODE/TOS/DOS/MOD	1	1	1
		1	
	1	1	1
3404937 EDGECOMBE NASH 8505 1315 CLAIM DENIED DUE TO INSUFFICIE	1	1	1
MNTL HITH C NT BUDGET	1	1	1
21 1019 DUPLICATE OF CLAIM-SYSTEM 23	3 2608	4633	2025
8599 133 DETAIL NOT COVERED BY COMBINAT			
ION OF RECIPIENT, PROVIDER AND			
BENEFIT PACKAGE.			
3404938 RIVERSTONE MENT 143 163 CLIENT ID NUMBER NOT ON STATE			
AL HEALTH C ELIGIBILITY FILE			
9931 162 AMING INELIGIBLE TO RECEIVE SE 199	9 649	649	/ 0
RVICES IN IPRS.			
8000 118 NO RATE AVAILABLE ON FILE TO P			
RICE THIS CLAIM DETAIL			
3404939 NEUSE MENTAL HE 8599 344 DETAIL NOT COVERED BY COMBINAT			
ALTH CENTER ION OF RECIPIENT, PROVIDER AND			
BENEFIT PACKAGE.	+	+	<del></del>
552	4	<b>_</b>	
8526 169 CLAM DENIED, UNITS BILLED MUS 13	3 1195	5 5765	4570
T BE GREATER THAN ZERO	+	+	<del></del>
	+	+	+
8505 162 CLAIM DENIED DUE TO INSUFFICIE	+	+	+
8505 162 CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	+	+	1
NA DUOGA	+	+	1
	+	+	+
3404941 PITT CO MH/DD/S 143 101 CLIENT ID NUMBER NOT ON STATE	+	+	+
3404941 PITT CO MH/DD/S 143 101 CLIENT 1D NUMBER NOT ON STATE  AS CENTER ELIGIBILITY FILE	+	+	+
AD LENIEX EDISTRIBLE THE	+	+	+
	+	+	+
8935 76 ASTNC INELIGIBLE TO RECEIVE SE 101	1 339	339	9 0
RVICES IN IPRS.	. 339	. 339	+
	+	<del>                                     </del>	
	+	+	+
120 66 CLIENT ID NUMBER MISSING OR IN	+	+	+
VALID. ENTER CID AND SUBMIT	+	<del>                                     </del>	
AS A NEW CLAIM	1	1	
	1	1	1
3404942 ROANOKE CHOWANH 8505 781 CLAIM DENIED DUE TO INSUFFICIE	1	1	
UMAN SERVIC NT BUDGET	1	1	1
	1	1	
	1	1	1
8599 54 DETAIL NOT COVERED BY COMBINAT 10	923	3 3954	3031
	1 323	1	1
ION OF RECIPIENT, PROVIDER AND	1	1	1
		1	t
ION OF RECIPIENT, PROVIDER AND		1	
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  143 39 CLIENT ID NUMBER NOT ON STATE			<b>†</b>
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			<del>                                     </del>
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  143 39 CLIENT ID NUMBER NOT ON STATE			

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	PROGRAMMAN	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	27 00042 07 0 400400	8505	1712	CLAIM DENIED DUE TO INSUFFICIE				
3101313	ALBEMARLE MENTA L HEALTH CE	0303	1/12	NT BUDGET				
	L REALIN CE							
		8800	213	FURTHER PROCESSING NECESSARY,	78	2220	4200	1980
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
<b></b>		8599	115	DETAIL NOT COVERED BY COMBINAT				
ļ				ION OF RECIPIENT, PROVIDER AND				
<b></b>				BENEFIT PACKAGE.				
3404944		8505	2342	CLAIM DENIED DUE TO INSUFFICIE				
3404944	EASTPOINTE HUMA	8505	2342	NT BUDGET				
<b></b>	N SERVICES			NI BUDGEI				
		8800	256	FURTHER PROCESSING NECESSARY,	120	2994	4228	1230
				PLEASE CHECK FOR CLAIM ON	120	2994	4220	1230
ĺ				FUTURE RA'S.				
ĺ								
		120	134	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404946	FOOTHILLS AREAM	8931	440	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
L								
L		143	197	CLIENT ID NUMBER NOT ON STATE	565	1067	1067	(
<b></b>				ELIGIBILITY FILE				
<b></b>								
<b></b>		191	160	CLIENT ID NUMBER DOES NOT MATC				
<b></b>		191	160	H PATIENT NAME				
				H FAILENI NAME				
3404957	TIDELAND MENTAL	8505	3000	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
ĺ	HEADIN CIK							
		8800	133	FURTHER PROCESSING NECESSARY,	31	3221	3586	365
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
L		8599	28	DETAIL NOT COVERED BY COMBINAT				
ļ				ION OF RECIPIENT, PROVIDER AND				
<b></b>				BENEFIT PACKAGE.				
3404959		0	n	*** NO DAME TO DEPOSE ***				
3404959	DAVIDSON CO MEN	U	U	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
				_				
	+	0	0	+		0	0	l .
					0	U	0	
	+					<b> </b>	<del> </del>	
3404979	NEW RIVER AREAM	8505	935	CLAIM DENIED DUE TO INSUFFICIE			t	
	H/DD/SA PRO			NT BUDGET				
1		8599	316	DETAIL NOT COVERED BY COMBINAT	259	1809	4787	2978
						1		
				ION OF RECIPIENT, PROVIDER AND				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	207					